2411 N. Charles St., Baltimore 394

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CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME many Collen Bean	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife. Narry B. Serry 7. Birth date of deceased (mo., day, yr.) April 20 187	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 19. 1. 5 and that Plast saw h alive on 19.
8. AGE: Years Months Days It less than one day 2 27	Immediate cause of death Carbrio Slawio DURATION Due to
9. 8irthplace (Town, connty and sate) 10. Usual occupation (Town, connty and sate) 11. Industry or business)	Due to
12. Name Solomon Brooks 13. Birthplace Penn.	Other conditions Clarocic Arthoris (Include pregnancy within 8 months of death)
14. Maiden name mary & Broadwater 15. Birthplace garrett & md	Major fiadings of operations. Date of op.
Address Barton, Ma.	Autopsy results PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
(Burlai, cremation, or removal, Which?) Date thereof (month) (day) (year) Cemetery or crematory.	Accident, suicide, or homicide
Location masery, ml	(City or town) (Connty) (State) Injured at home, farm, industry, public place (where?)
Address Thesterpart md	23. SIGNATURE & A, Bosscher
19. 15 S.A. Roucher Registrar	Address Barton, Md. Date signed 7/18/45

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



06601

ot age		E OF DEATH Reg. Dist. No.
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: County City or town. City outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurrent.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. City or town. City or town imits, writ RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
death death	3. (a) FULL NAME Alice Va V. Bittinger	3. (b) Social Security Number
of	4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorped Fernale White Massied	MEDICAL CERTIFICATION 2D. DATE DE DEATH.
WITH UNFADING INK. Supply every item important. Physicians: please write the cau.	6.(b) Name of husband or wife Allers Strain College	21. I CEATIFY that death occurred on the sale above stated; that Lattended deceased from 19
PLAINLY, W is especially in	16. Informant A arrisan Bittinger Address Jan's Mountain Gear Macon	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
RITE PLA	(Burial, cremation, or removal, Which?) Date thereof Handson (year) (month) (day) (year) Cometery or crematory (year)	Accident, suicide, or homicide
PLEASE WE	18. Funeral director. Address Macorung Maly (Date re'd by registrar) Location 19. Libon Registrar Registrar	23. SIGNATURE Date signed 7.5.5.45

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VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (992)

06602

CERTIFICA	TE OF DEATH Reg. Dist. No4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED; (For newborn infants give residence of mother)
City or town	State County 7/1/29071
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
223 So, Smallwood St,	Sireet No. ZZZ So, Smallwood St. (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Managenet armentrout Roser	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female white widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
6.(b) Name of husband or wife Williams of Bowers	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) Nov 16-1865	and that I last saw h Lalive on 19.7.0
8. AGE: Years Months Days tfless than one day 7 9 7 29	Immediate Quesof death Dyrcardules Lycs
9. Birthplace. Penalleton County Word (Town, county, and state)	Due to
10. Usual occupation	Due to
12. Hame Jeose Glack armentrout	Other conditions Attenuare lucas 2 400
14. Maiden name Sarah Japue Rile 15. Birthpiace West Organia	(Include pregnancy within 8 months of death)
2.4	Major findings of operations
Address Combuland, rud	Antopsy results
17. Burial, cremation, or removal. Which?) Date thereof. Tolk 18. 19. 15. (modth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (mo(th) (day) (year) Cemetery or crematory (1.2. C. 1.2. (2.4. (1.4	Whera did injury occur?
Location Pendleton Co. W. Vo.	tnjured at home, farm, Industry, public place (where?)
18. Funeral director John As Hofel	Means of injury Injured at work?
Address Ecoloris and, I rued.	23. SIGNATURE P. St. Prevastis Mix
19 July 16 19 4.5 Winter R. Frank M. Registra	M. D. or other

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PLEASE WRITE PLAINLY,

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RECEIVED JUL 24 1945 BUREAU V. 8. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Dist.		0
Dist	No	7

	rles St., Baltimore 33
CERTIFICA	TE OF DEATH Reg. Dist. No9
County County City or town (If outside city or town limits, whit RURAL and give nearest town) dow long in above place of death? dospilal, institution, or street address where death occurred: dow long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (It outside city or town limits, write RURAL and give nearest town) Street No. (If rpral, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
6.(b) Hame of husband or wife Couthern Sand Blanch	2D DATE DF DEATH 19 44 5 at 5 19 44 5 19 4 19 4
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last say h . M. alive on
9. Birthplace Parkersburg Ol Va	Due to.
10. Usual occupation Stell Market 11. Industry or business Baltingal Steel Miles	Due to.
12. Name Hagias Obest Vinguinea	Dther conditions
14. Maiden name Colorian day Kinghat 15. Birthplace Alext Original	(Include pregnancy within 3 months of death) Major findings of operations
18. Informant Mrs. That do Es Brancegae. Address Midland Will	
17. Buttal (Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	-22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Commetery or crematory Comments of Comment	Where did injury occur?
18. Funeral director Da Calletta Address Inaconus a. Ma	Meens of Injury Injured at work?
19. 7-31 1945 Me. Mauly & Registrar (Date rec'd by registrar)	23. SIGNATURE M. D. or other M. D. or other Date signed 7/35



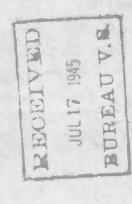
WITHIN CORPORATE LIMITS WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE

VS A15

	es St., Baltimore
CERTIFICAT	TE OF DEATH Reg. Diet. No
1. PLACE OF SEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For hewborn infants give regidence of mother) State
3. (a) FULL NAME Rose Catherine	Brinker 3. (b) Social Security Number
Female Ante Farried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19. 45 at 9:15 4.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that dattended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
Address 17	22. VIOLENCE: tf death was due to external causes, fill in the tollowing; Accident, sutcide, or homicide
Address Comparand: 19. July 13 18 45 Winter P. Frank, M. D. Date rec'd by registrar) 18. Address Comparand Compara	23. SIGNATURE M. D. or other Address. Date signed 7/1/194



WITHIN CORPORATE LIMITS The correct age

ADING INK. Supply every item of information carefully. The copysicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (63-74)

06605



	CERTIFICA	TE OF DEATH Reg. Dist. No	4
1. PLACE OF DEATH: County Allegany. City or town Cumberland. (If outside city or town limits, w How long in obove place of death? Hospital, Institution, or street address where death or 418 Goethe St. How long in hospital or institution?	rite RURAL and give nearest town)	City or town	nearest town)
3.(a) FULL NAME	runk	3. (b) Social Securit	y Number
4. Sex 5. Color or race 6.(a Female White	Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION July 12th., 45	about
	6.(c) If alive, give age	Immediate cause of death. Asphyxiation by illuminating gas.	
9. Birthplace	negan	Due to	
14. Maiden name. Rtta Taylo	Virginia	Major findings of operations	
Address 418 Goethe St. Burial Date of the state of the	Cumberland, Md. e thereof 7-15-45		-12-45

WRITE PLAINLY, WITH UNF is especially important. PLEASE

NS

Address

Date redd by registrar)

queenspoint

Cumberland, Maryland

injured at home, farm, industry, public place (where?)

illuminating gasalured at work? no

(County) her home

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M. D. or other

2. USUAL RESIDENCE (For newborn infant giv			/	1		
State Md -	County	a	U	e 5	aca.	
Site on the Trid	fo.	-	4	4		//
City or town(If outside city	or town limits, wri	te RUE	L and	give n	earest	t (town)
Street No						
	(If rural, give LOC	ATION)				
2.(a) If veteran, name war						************
	3	. (b) So	2 Iria	cnrit	- Non	mber
10	3	. (0) 30	1/		2	2-64
rall	1	2	16			0 /
MEI	DICAL CERT	IFIC.	ATIC	N		
that	- 13			410	-	60
20. DATE OF DEATH						
21. I CESTIFY that death occurred	on the date above sta	ted; tha	t 1 atten	ded de	ceased	from .
my.	19:75	to,	25	-	2.1.	19.5
and that I last sow hallve	1-	<01	12	-/		19.4
Immediate cause of death		1				DURATIO
immediate cause of death		***********				DOUVILLO
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bue to Class	ide	4		···		
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Due to	ancy within 3 month	s of dea	th)			
Due to	ancy within 3 month	s of dea	th))\$		
Due to	ancy within 3 month	s of dea	th)	OB		
Due to	the cause to which do	s of dea	th) ate of c	charge		
Due to	the cause to which do	s of dea	th) ate of c	charge		
Due to	the cause to which do to external causes, f		th) ate of condidate	charge		istically.
Due to	the cause to which do to external causes, f	Bill in the	th) ate of conid be following Date	charge g: ol	d stat	istically.



MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 1226 CERTIFICATE OF DEATH Reg. Dist. No.... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County ALLEGA NY CUMBER LAND, MARY LAND (If outside city or town limits, write RURAL and give nearest town (If outside city or town limits, write RURAL and give pearest town) Now long in above place of death?..... Hospital, Institution or street eddress where death opcurred: (If rural, give LOCATION) information of death ele How long in hospital or institution?...... 3. (a) FULL NAME 3. (b) Social Security Number none 4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING causes Jo SINGIE FEMALE JULY 11. 1945 20. DATE OF DEATH. 6.(b) Kame of busband or wife..... FOR Supply ever 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years If less than one da RESERVED 43 ADING INK. Physicians: pl 10. Usual occupation..... MARGIN 11. Industry or business BURGESS 12. Name..... important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden nai JANE MACKLEY 14. Malden name. Major findings of operations..... PLAINLY, vis especially Address Accident, suicide, or homicide..... 7(month) (day) (year)

21. I CERTIFY that death occurred on the data above stated: that Lattended decoased from PHYSICIAN: Please underline the cause to which death should be changed statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?) Means of Injury injured at work? 23. SIGNATURE M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 931

06608

CERTIFICA	TE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	(For newbord mains give residence of mother)
City or town	State Maryland county 171100 any
How long in above place of death? 824rs	Cliy or town Corn berland (If outside city or town limits, write RURAL and give necrest town)
Hospital, Institution, or street address where death occurred: 40 Browning St	Street No. 40 Browning St
	(If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
ELISA BETH LOUISE Clark 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	More
	MEDICAL CERTIFICATION
F W Widowed	20. OATE OF DEATH 2014 7 19.45 et N
6.(b) Name of husband or wife Joseph H. Clark	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of	19 19 19
deceased (mo., day, yr.) Apr. 8.1863	and that flast saw in allye on 19
8. AGE: Years Months Days It less than one day	Immediate Disc of death DURATION
82 2 7hrsmin	Megochselle 24 by
9. Birthplace Cumberland Allegany md. (Town, county, end state)	Due to Service Sarline
	10-70-
10. Usual occupation. Housewife	Quato
11. Industry or business	
12. Name John M. Trieber 13. Birthplace Germony	Other conditions
13. Birthplace germany	
14. Malden name Emma Wright 15. Birthplace 9 ermany	(Include pregnancy within 3 months of death)
O	Major findings of operations.
	Date of op.
16. Informant Sylvester J. Clark	Antopsy results.
Address Cumberland, md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Burial Date thereof Joly 9 1945 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Philo's Cem.	Where did injury occur?
Location Westernport Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Louis Stein, Inc.	Meens of Injury Jolywed at work?
Address Cumberland, Md.	Clay & furus
" bolis a west of ton - 1 me	23. SIGNATURE M. D. oyother
19. (The rec'doy registrar)	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

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THIN CORPORATE LIMITS WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly. 1. PLA County ...

How long 3. (a)

4. Sex

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charle	s St., Baltimore 954
CERTIFICAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	
City or town	State Maryland County Allggany City or town (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	
Hospital, institution, or street address where death occurred: Allegany Hospital-Decatur Street	Street No. 210 Milton Street
	(If rural, give LOCATION)
How long in hospital or institution? 65 minutes	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James N. Gonner	215-05-7112
4. Sex 5: Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH. 211y 22, 1945 at 1:40P.M
6.(b) Name of husband or wife 14azel 1 mgg.	21. LOERTIFY that death occurred on the date above stated; that intended deceased from 45.
7. Birth date of deceased (mo., day, yr.) . Filt 2 2 1897	and that I last saw have allive on July 2 2 19 7 8
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
48 5hrsmin.	Chronic myoculates 6 mas
8. Birthpiace Cossessaland Ind. (Town, county, and state)	Due to.
10. Usual occupation Electrician	Due to
11. Industry or business	
12. Name Herrey N. Commer.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name margarih Prisaman 15. Birthplace	Major findings of operatious
E 15. Birthplace	Date of op.
16. Informant Mrs Truth Indianas	Autopsy results
Address Comberland	
(Burlal, cremation, or removal, Which?) Date thereof 12 (month) (day) (year)	. 22. VIOLENCE: If death was due to external causee, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Deal Bushing Cont.	Where did injury occur?
Location and Instituted	tnjured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director at mas Stepas and	Means of injury Injured at work?
Addrese Carm Betland	PAL- about
01 1 + 00 1 1	23. SIGNATURE M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

ORPORATEHUM	37.52		DEPARTMENT OF HEALTH	06610
			TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:	GANY		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	mother)
City or town	RLAND, city or town lin	MD . nits, write RURAL and give nearest town)	City or town CUMBERLAND	write RURAL and give nearest town)
Hospital, Institution, or street	AL HOS	feath occurred:	Street No. CRESAP DRIVE,	RT #5
How long in hospital or institu	ution?		2.(a) If veteran, name war	
3. (a) FULL NAME MR . ALAN	F. COU	LEHAN		3. (b) Social Security Number
	olor or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
MALE W	HIME	MARR IED	2D. DATE OF DEATH TIVILY 4.	45 45 2:35
6.(b) Name of husband or wife	RUTH	E. STALLINGS	21. LCERTIFY Mut death occurred on the date abo	ve stated; that I attended deceased from
7 m).4. 4-4	••••		ankthat I last sawn I. M. alive on	1 2 July 4 19
deceased (mo., day, yr.) 8. AGE: Years	SEPT	Days If less than one day	Immediate Ause of death	J' OURAT
62	9	19 hrs.	schrowe regul	com c
9. Birthplace		ounty, and state)	Due to Due to	taus 7
1t. Industry or business			1	
	F. CO	ULEHAN	Other conditions	
H 14. Maldeo name	INA DI	LLEY	(Include pregnancy within 3 m	
14. Maldeo nameN	MD.		Major findings of operatious	
MEM		HOSPITAL	Automorphis	
16. Informant CIIM	BERLAN	D. MD.	PHYSICIAN: Please underline the cause to wh	
Address COM	THE LANGE	1.0.71905	22. VIOLENCE: tf death was due to external cau	ses, fill in the following:
(Burial, cremation, or re-	moval. Which?	Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory	osek	ill Center.	Where did injury occur?(City or town)	(County) (State)
Location Charles	rela	ud md.	Injured at home, farm, Industry, public place (wh	
18. Funeral director	شددك	Stein Inc	Means of injury	Injured at work?
Address Address	60.0	I ma.	CIMU	Hadren
Address	11.	Wit OT	23. SIGNATURE	M. D. or other
19. July 6	1975	WWW K. Trank,	Address while	ud Wa



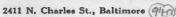


RATE IMI'S change of MARYLAND STATE DEPARTMENT OF HEALTH year of birth is shown on 2411 N. Charles St., Baltimore (937) CERTIFICATE OF DEATH FIEM No.G 9 7 JUL 25 1945 Reg. Diat. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants gife residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in bospital or institution? (2.(a) It veteran, name war death informat 3. (a) EULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or MEDICAL CERTIFICATION BINDING 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(c) if alive, give age 7. Birth date of and that I last saw h.alive on .. 1872 deceased (mo., day, yr.) **CUPATION** 8. AGE: If less than one day Months Bays MARGIN RESERVED 10. Usual occupation ... 11. Industry or busines 12. Name. important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings of operations PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? (City or town) (State) (County) Injured at home, farm, Industry, public place (where?) ... injured at work? Meens of Injury 18. Funeral director. 23. SIGNATURE M. D. or other (Dato rec'd by registrar) Registrar



7-10 (Date rec'd hy registrar)

MARYLAND STATE DEPARTMENT OF HEALTH



06613

CERTIFICATE OF DEATH Reg. Diat. No			
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME Charles S. Dil	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married, widowed, or divorced Married, widowed, wi	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21 LARRIFY that death occurred on the date above stated; that I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1		
14. Malden name	Major findings of operations Bate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or hemicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 10. P. or other		
19	Address Tolar Willy 9/94		

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MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME	OF DECEASED:
County Alleganye Cumberland Maryland	(For newborn infants give residence state West Virginia	
City or town. Cumberland, Maryland (If outside city or town limits, write RURAL and gi	nearest town)	
How long in above place of death?	City or town	imits, write RURAL and give nearest to
Memorial Hospital	Street No(If rural,	give LOCATION)
How long in hospital or institution? 39 days	2.(a) tf veteran, name war	
3.(a) FULL NAME Mr. Nelson G. Durst		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wido		Tone
	WEDICAL	CERTIFICATION
Male White Single	20. DATE OF DEATH July 9	19 45 4:
63 7 27	Oue to.	
14. Malden name. Catherine Raese 15. Birthplace Maryland	Major findings of operations.	210110
		Date of op AL
18. Informant Memorial Hespital		which death should be charged statistics
Address Cumberland, Marylan		
Burni, explation, or removal Which?)	(day) (year) Accident, suicide, or homicide	
Cemetery or crematory Lengths May		
Location Junes w Na	Injured at home, farm, industry, public place	
18. Funeral director, AUS MC/212	Means of Injury	Injured it work?
		9 1 1

RECEIVED JULT 1945 BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	- 1/1/
(If outside city or town limits, write RURAL and give nearest town)	State County all hydras ag
How long in above place of death?	City or town (II outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street, address where, death occurred:	19 % 4! **
17 1). Grack St	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sales Charles & de	muends 217-106-298
4. Sex 5. Odlor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
11 / m	0 11 28 45 715
111 a manua	20. DATE OF DEATH. 2015 M
8.(b) Name of husband or wife Assaula Balancia	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 19 10 7 10 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of	and that last saw h
deceased (mo., day, yr.) 9 4 4 18 16	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronary Thrombosis 1 how.
68 9 4hrsmin.	
8. Birtholace Busine Party S. Wales.	Due to
9. Birihplace	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1D. Usual occupation.	Due to.
11. Industry or business	UUE 10.
	Dither conditions
12. Name	
	(Include pregnancy within 3 months of death)
14. Molden name. Mary Ann Charles 15. Birthplace 1	Major findings of operations.
15. Birtholace . O Wales	Date of op.
	Antopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Toollyng, Ma	22. VIOLENCE: If death was due to external couses, fill in the following:
17 Beared Date thereof Facility 31-194	Accident, suicide, or homicide
(Bnrial, cremation, or removal, Which?) Date thereof (mosth) (day) (year)	
Cemetery or cremetery	Where did injury occur? (City of town) (County) (State)
Location	Injured at home, farm, industry, public place (where?)
10 Emeral director	Means of Injury Injured et work?
To. Tuncial unicolor	01A 1.10 m 1.
Address Tracking Ma	23. SIGNATURE M. D. or osher
19. 7-30 1945 Mus. Havey N. Have	side Frostling, Md. Bate signed / 30/4,5-

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06616

MC

.Date signed . 7- la-

		CERTIFI	ICALE OF DEATH Reg. Dist. No.	>
1. PLACE OF DEATH: County		ny rt	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State_Md	
		eath occurred:	(If outside city or town limits, write RURAL and give nee	City or town Westernport, Md. (If outside city or town limits, write RURAL and give neerest town) Street No. 203 Vine St.
Now long in hospital or institution?			(II IIIII), give 200121021)	•••••
3. (a) FULL NAME	Lewis F	ngle	3. (b) Social Security	Number
4. Sex Male	5. Color or race white	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION July 3 35 19	11.15
7. Birth date of	************************		21. I FERTIFY that death occurred on the date above stated: that I attended decea	sed from
deceased (mo., day, yr 8. AGE: Years 86	Mar'cn Months	20, 1859 Days If less than one day 10 hrs.	Immediate cause of death Artirio Schroes	OURATION
9. BirthplaceSOD	nerset Co	n. Penna ounty, and state) Dentist	Buoto Chr. my or extilis Oue to.	6ms
W 1	Per Christin	Engle ma. a Keim	(Include pregnancy within 3 months of death)	Iday Imo
2 15. Birthplace 16. Informant	Penna Lewis F Westerr		Autopsy results	
17Bure 1	or femoval, Which?) Mauso	eum. Rose Hill Co	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
18. Funeral director	W.H.Fred]	ock, Jr.	Injured at home, farm, industry, public place (where?)	
Hudicas	edmont, V	Marskelle Root	23. SIGNATURE Troman Keeves M. M. D. o	r other

Address.

Grynksker MD Registrar

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

Date rec'd by registrar)

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

06617 Reg. Dist. No.

1. PLACE OF DEATH agany	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newhorn infants give residence of mother)
City or fown	State 2006 County Allegany
How long in above place of death?	City or town Mascaco
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
William Jaings	ieve 212-10-789.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorted	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH PARLY 29, 1945 at 1:30 P.
Can made Las	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	1 1200
Tail galle 6.(c) If allve, give ege 60 year	
deceased (mo., day, yr.) Jan. 28, 1883	
8. AGE: Years Months Days If less than one day	Immediate cause of death
62 6 /hrsmin	Muse and it
Bastani alla no	- Jacobson
9. Birthplace (Town, county, and state)	Due to
D. Usual occupation. Munes	
11. Industry or business Coal mine	Due fo
12. Name. James Jaigniere 13. Birthplace Scatland	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Amanda Warnick	Major findings of operations.
E 15. Birthplace / Janon, Ind.	Date of op.
16. Informant Mes. William Jairquer	Autopsy results
Address Marcaus md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Billing	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burfal, cremation, or removal Which?)	Accident, suicide, or homicide
Cemetery or crematory	
Manager 2 2 2	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Mrs. Jacs Goal Berry	Meens of injury injured at work?
Address Heatenhalt and	
and the state of t	23. SIGNATURE
10 July 31 10/45 5. a. Doucher	M, D, or other M

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PUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

06618

CERTIFICAT	TE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State WEST VIRGINIA County TUCKER City or fown. THOMAS (If outside city or town limits, write RURAL and give nesrest town) Street No
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
MALE WHITE WIDOWED	MEDICAL CERTIFICATION
	20. DATE OF DEATH JULY 20° 1945 12:57A
6.(b) Name of husband or wife CLARA SATERFIELD 7. Birth daie of deceased (mo., day, yr.) FEB 26, /885 8. AGE: Years Months Days If less than one day 60 hrs. min. 9. Birthplace WEST VIRGINIA (Town, county, and state) 10. Usual occupation. BARBER. 11. Industry or business 12. Name. ANDREW FANSLER 13. Birthplace WEST VIRGINIA WEST VIRGINIA 14. Maiden name MARTHA REEB WEST VIRGINIA	21. I CERTIFY that death occurred on the late above stated; that retended deceased from 19
16. Informani MEMORIAI HOSPITAI Address CUMBERIAND, MD. 17. Sulfal Cremation, or removal Which?) Cemetery or crematory Development (Aday) (year) Location Sulfal Company (Aday) (year) 18. Funeral director Sulfal Tuneral Money Address Monas Wa 19. Location Sulfal Money Address Monas Wa 19. Location Sulfal Money Registrar	Antopsy results

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County ALLEGANY CUMPER LAND
(If outside city or town limits, write RURAL and give nearest town) City or town..... information carefully of death clearly and How long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: 501 EASTERN AVE . C. (If rural, give LOCATION) MEMORIAL HOSPITAL How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MICHAEL JOSEPH FARRELL None 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i MALE JULY 12, 45 1:20 SINGLE 21. I CERTIFY that death occurred on the data above stated; that I attended deceased from B.(b) Name of husband or wife..... JIII.Y 10. 19.45 10 JULY 12.19.45 .6.(c) Il alive, give age.....years MARGIN RESERVED FOR 7. Birth date of and that I last saw h 1 m alive on TITY 12 19 45 deceased (mo., day, yr.) If tess than one day 8. AGE: 10 25 d 9. Birthplace..... (Town, county, and state) None 10. Usual occupation..... 11. Industry or business 12, Name....... 13. Birthplace CHARLES J. FARRELL MAR YLAND (Include pregnancy within 3 months of death) LILLIAN ISOM 14. Malden gan 14. Malden name... Major findings of operations..... MENOR TALL BLOSP TOAT. 18. Informant..... PHYSICIAN: Please underline the cause to which death should be charged statistically. CUMPERLAND. MD. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Burial (Burial, cremation, or removal, Which?) Burial Date thereof July 14,1945 Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur?(City or town) Cemetery or crematory ST Patricks (County) Cumberland, Md. Injured at home, farm, Industry, public place (where?) Means of Injury 18. Fuceral director Charles L. George A15 Cumberland . Md. N





CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore [2]

CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME William Zane Flora, Jr.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For right born is falts give residence of mother) State
3.(a) FULL NAME	3. (b) Social Security Number
William Zane Flora, Jr.	Marie
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION July 30th. 19 45, at 3:15
6.(b) Name of husband or wife	19 10 19
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death Duration General Peritonitis 24 hrs.
9. Birthplace (Town, county, and state)	Due to Ruptured appendix
10. Usuat occupation.	Due to.
11. Industry or business 12. Name	Other conditions
13. Birthplace . Va.	(Include pregnancy within 3 months of death) Major findings of operations.
No. 15. Birthplace	
16. Informant At Man 3 + Loran Su.	Autopsy results no autopsy
Address It ashty	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Ra	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remoyal, Which?) Date thereo (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory # Colony	Where did injury occur?
Location A A A A A A A A A A A A A A A A A A A	Injured at home, farm, Industry, public place (where?)
18. Funeral director Arms Sten One	Means of Injury Injured at work?
Address Combinand,	Paragraph Dama on the B
19. Qua. 1 1945 Winter R. Franty Minter Reference Medical Medi	23 SIGNATURE

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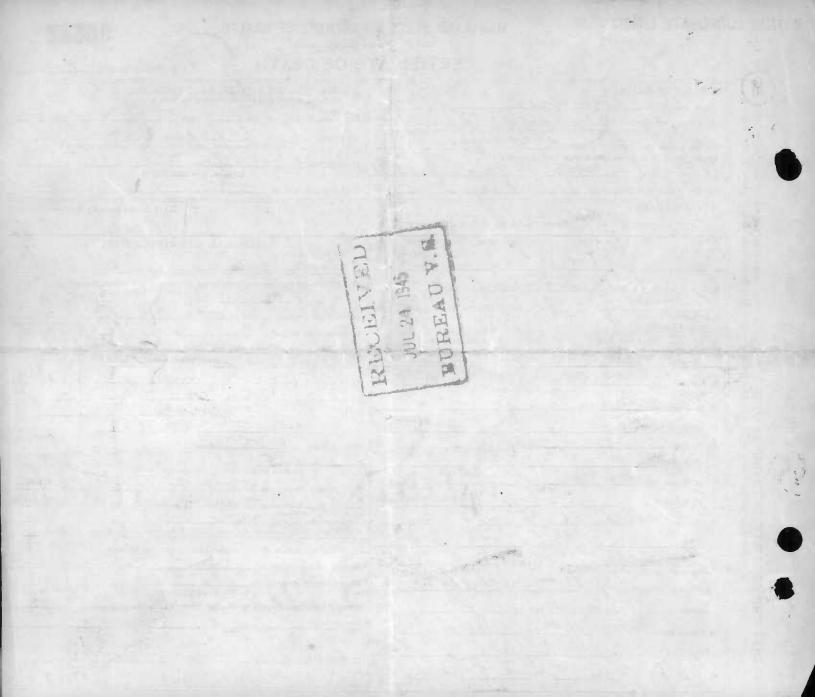
AUG 3 1945

BUREAU V.S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

	2411 N. Charl	es St., Baltimore		
	CERTIFICAT	TE OF DEATH	Reg. Dist. No	4
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME)	OF DECEASED:	
County County	My S	For newborn infants give residence o	mother) allega	
City or town. Confed	mits, write RUBAL and give nearest town)	State C	monty.	
How long in above place of death?	11-0-00	City or town	ts, write RUKAL and give nes	rest town)
Mocultal, institution, or street address where	death occurred:	Greet No. 311 Schle	. H.	
Illegany Hosp	cal Curabesland I		e LOCATION)	
How long in pospital or institution?	2. days	2.(a) if veteran, name war		
3. (a) FULL NAME	1 14 2		3. (b) Social Security	Number
trast. De	madette 1d.		none	
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION,	
Tomale Whete	married.	20. DATE OF DEATH LUCLUS 17	19 45	at 12:30 P.
mas	book & Devet	21. I CERTIFY that death occurred on the date a		
6.(b) Name of husband or wife		7-15-45	107-19-	4)19
7. Birth date of	6.(c) If alive, give ageyears	and that I last saw h	-19-44	19
deceased (mo., day, yr.)	18, 1880	Immediate cause of death		DURATION
8. AGE: Years Months	Qays If less than one day	0 +		
64	29hrs. min.	Chlostenal Ots	Viulia	
9. Birthplace Frank	arg no.	Due to.	***************************************	Than
1/ 4	county and state)	Port. Pouter	A	
10. Usual occupation	ewy	Due to. Clares	کہھا	***************************************
11. Industry or business	1			ulu
H 12. Name L L L L L L L L L L L L L L L L L L L	maral	Dither conditions	~C.	7
	va	(Include programmy within 3	months of death)	
HE 14. Malden name. 15. Birthplace	me Kny	Major fiadings of operations	ele Obstu	retion
X 15. Birthplace	Frothers and	Dilleum die	to ashumon	2-16-4
16. Informant Mushauk	Fresh of	Autopsy results		<i>p</i>
1 1		PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
Address Committee	hal as 160	22. VIOLENCE: If death was due to external ca	auses, fill in the following:	
(Burial, cremation, or removal, Which?)	Date thereof month day (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory A. Pes	ter a tando (m)	Where did injury occur?(City or town)	(Connty)	(State)
1	terland	Injured at home, farm, Industry, public place (
Location	1+ O.C.	Means of injury	Injured at work?	\
18. Funeral director	Mesny me	MAC	1	
Address Com	Msfand	d as section of	meruaen/h	
. July 20 , 45	- Winter & Franch Mit	23. SIGNATURE	М. D.	or other
Date rec'd by registrar)	Registrar	Address Charles	Date signed	1-17-7



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTI	$\neg \cdot \sim \cdot$	PT 1 TT		No. 100 4	Annual or
	LIEF'A		A V L.		4 . 1 . 1

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	7 4	
_		_

06623 Reg. Diat. No......

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	
City or town	State Mary land County Allegany
How long in above place of death? Sereral years	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 710 Yale St
710 Yale St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Emma P. Gadhas	None
Emma P. Gadbols 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Married	1. le 9 15 -: 15
8.(b) Name of husband or wife Soseph G. Gadbois	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) / U/4 9 1879	and that I last saw halive on
8. AGE: Years Months Days If less than one day .	Immediate cape of death OURATION Jurous boston
66 0 0hrsmin.	and the second
	The state of the s
9. Birthplace	Due to.
10. Usual occupation Housewife	
	Due to
11. Industry or business	
12. Name — Perrin 13. Birthplace — Canada	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Unknown	
14. Malden name. Un Known 15. Birthplace //	Major findings of operations.
16. Informant Mrs Froncis Clay	Date of op.
	Autopsy results
Address 710 Yale St. Comberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Mary's Buria! Park	
	Where did injury occur?
Location Comberland, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Louis Stein, Onc.	Means of Injury Injured at work?
Address Comberland, Md	georgh Lunes
111 112 + 13	23. SIGNATURE
19. Date red dy registrar) 19 45 Wirtles K. Trank, M. F. Registrar	Address Date signed
(Date rec'd by registrar) Registrar	Address

VS A15

WRITE PLAINLY, WITH UNF is especially important.

PLEASE

MARGIN RESERVED FOR BINDING

RECERVED
JUL 17 1945
BUREAU V. &

CORPORATE LIMITS MARYLAND STATE DEPARTMENT OF HEALTH Evidence for change of 2411 N. Charles St., Battimore age is shown on carefully. The correct arly and legibly. CERTIFICATE OF DEATH ALM ... G 9 6 JUL 1 9 1945 Reg. Dist. No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Allegany State Laryland County Allegany Cumberland City or town (If outside city or town limits, write RURAL and give nearest town) Cumber land
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 80. Years Hospital, institution, or street address where death occurred: Street No. 505. Greene St 505. Greene St (If rural, give LOCATION) Now long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Edward Gates None 4. Sex 5. Color or raco 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION Male Negro Widowed July 9 1945 1 4-45 Pm 2D. DATE OF DEATH..... Maude Gates 21. I CERTIFY that doath occurred on the date above stated; that I attended decoased from B.(5) Name of husband or wife..... December 20, 1855 deceased (mo., day, yr.) DURATION Months It less than one day 8. AGE: RESERVED 19 6hrs.min. -88- 89 9. Birthplace Cresaptown, Allegany Co, Maryland (Town, county, and state) Farmer 1D. Usual occupation..... MARGIN 11. Industry or business Farming Unknown 12. Name..... HND Unknown (Include pregnancy within 8 months of death) 14. Malden nat Unknown WITH 14. Malden name..... Major fiedings of operations. Unknown Edward Gates, Jr PHYSICIAN: Please underline the cause to which death shootd be charged statistically. Address 505. Greene St. Cumberland, Md. 22. VIOLENCE: It doath was due to external causes, fill in the following: Date theroot (month) (day) (year) 17. Burial (Burial, cremation, or removal, Which?) Where did injury occur?(City or town) Cemetery or crematory Rose Hill Cemetery Cumberland, Md. injured at home, farm, industry, public place (where?) Moans of Injury injured at work? 18. Funeral director William H. Kight Cumberland, Id. Registrar Date signed



2411 N. Charles St., Baltimore (REA)

06636

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 4		

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH? County Troot lurg City or town. (If outside city or town limits, farite RURAL and give recares? (own) How long in above place of death? Hospital, institution, or street address where death occurred: Row long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME John Dage	Hager 3. (b) Social Security Number
4. Set 5. Bolor or race 6.(a) Single, married, widowed, or divorted 1. Color of the last 6.(b) Name of husband or wife. Characteristics	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 77 D 6 hrs. min.	and that I last say him alive on fully \$6 19.45 Immediate cause of death That you have full fully Solution
9. Birthplace (Town,conty, and sale) 10. Usual occupation (Town,conty, and sale) 11. Industry or business (Town,conty, and sale)	Due to Occidental falls
12. Name	Other conditions
Address Colofers Place Date thereof (month) (day) (year)	Antopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically; 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Occident. Bate of
Cometery or crematory Location 18. Funeral director Company Co	Where did Injury occur?
19. 7-30 19.45 New Young H. Rogertar (Date rec'd by registrar)	23. SIGNATURE Address Typilong May Date signed 7/30/45

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

Prince of the property

AUG 1 1945 BUREAU T.R.

1. PLACE OF DEATH:

County Allegany

How long in hospital or institution?....

6.(b) Name of husband or wife.....

12 Name Adam Hise

3. (a) FULL NAME

4. Sex

Male

7. Birth date of

8. AGE:

9. Birthplace.

10. Usual occupation ... 11. Industry or business

13. Birthplace

16. Intermant

Address

14. Maiden name 15. Birthplace

(Date rec'd by registrar)

deceased (mo., day, yr.)

How long in above place of death?..... Hospital, institution, or street address where death occurred:

> Russell Lee Hise 5. Color or race

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

06625

M. D. or othe

CERT

CERTIFICAT	E OF DEATH Reg. Dist. No
DEATH: LAGANY Cumberland, Martland (If outside city or town limits, write RURAL and give nearest town) place of death? on, or street address where death occurred: Memorial Hospital place or institution? 1 day	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Dawson (If outside city or town limits, write RURAL and give nesrest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
NAME ssell Lee Hise	3. (b) Social Security Number
5. Color or race 6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. July 28, 1945, at 7:30A M
Section Sect	21. I CERTIFY that death occurred on the date above stated; that I stended deceased trom Jeffer 19 and that I last saw h
Dawson, Maryland (Town, county, and state) Infant usiness	Due to
Adam Hise Burlington, West Virginia Mary Virginia Shaffer Maryland Memorial Hospital Cumberland, Maryland	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
nation, or removal. Which?) rematery color E. L. Market C. Barket C. Barke	22. VIOLENCE: tf death was due to external causes, fill to the tollowing; Accident, suicide, or homicide

ADING INK. Supply every item of information carefully. The cophysicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNF is especially important. PLEASE

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AUG 3 1945

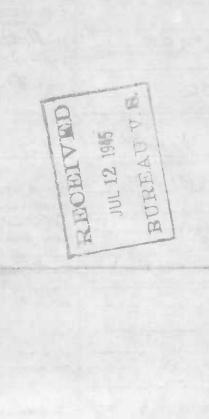
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

correct age	2411 N. Charl	EPARTMENT OF HEALTH	06626
rec	CERTIFICAT	TE OF DEATH	Reg. Dist. No.
carefully. The	1. PLACE OF DEATH: County	City or town Cumber Ang	write RURAL and giva nearest town)
information of death cle	3.(a) FULL NAME Alice MAY- A	Holzshu	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced		RTIFICATION 45
item of	Female White MARRIED	20. DATE OF DEATH July -	5 175 1 12 91
ry ite	6.(b) Name of husband or wife. ChAS. G. Hol35ko	21 CERTIFY that death occurred on the date above	e stated; that I attended deceased from
ly eve write	7. Birth date of Second (no day y.) MRR 10 18 7-5	and that I last eaw hailve on	Dy 14 1 1945
Supply ease wr	8. AGE: Years Months Days It less than one day 70 3 25hrsmin.	Inmediate cause of death	y obdowen 4 mos
'ADING INK. Physicians: pl	9. Birthpiace Fredrick (Town, county, and state)	Due to Checimonia of	Stewart & ma
IG	10. Usual occupation. Hacs & wife	Rue to.	
DIN	11. Industry or business		
	12. Name DAVID M. ZIELER	Other conditions	
UN	13. Birthplace MRY ANG	(Include pregnancy within 3 me	About Janks
Hort	14. Malden name	Major findings of operations	
WITH UNI important.	15. Birthplace	major indungs of operations.	
17	16. Intermant Stars D. Holysler	Autopsy results	
INI	Address Cumberland, md	22. VIOLENCE: It death was due to external cause	
PLAINL is especial	17(Burlal, cremation, or removal, Which?) Date thereot(mont) (day) (year)	Accident, suicide, or homicide	Oate of
WRITE	Cemetery or crematory.	Where did injury occur?	
WE	Location	Injured at home, farm, Industry, public place (who	Injured at work?
ASE	Address Cumberland 733	blille	lasar all
PLE	19 July 6, 19 45 Winter R. Thanks, Registrar	23. SIGNATURE LEVEL & Level & Level	ace M. D. John V. J.

VS A15

MARGIN RESERVED FOR BINDING



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

S 1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Co	(For newborn infants give residence of mother)
Cify or town. (If outside city or town limits, write RURAL and give nearest town)	State County
How long in hospital or institution?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or streef address where death occurred:	Street No. 521, Newderson ave
SE COLLY	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
How long in hospital or institution? 3. (a) FULL NAME How long in hospital or institution?	3. (b) Social Security Number
To Mearles Andres	Done!
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
To Dent W wide	A-1 -21 11
6.(b) Name of husband or wife Blatha May Hughe	20, DATE OF DEATH
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
£.(c) If alive, gire agey	ears 19.45
7. Birth date of deceased (mo., day, yr.) Thornan, 21 1876	and that I last saw harmalive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
75 5 10 hrs.	
in mx San allego, A. mil	
9. Birthplace (Tokin, county, and thite)	Due to the last Rail
(Takn, county, and the)	
11. Industry or business	Due 10
11. Industry or business	
H . F	Other conditions
Det El 13. Bittiplace	(Include pregnancy within 3 months of death)
No state Hall 14. Malden name. Hamman Bayter 14. Malden name. Hamman Bayter 15. Birthplace	Major findings of operations
H of H 14. Maiden name.	Date of op.
15 Is Interment Mrs. Sarah Mumich.	Autopsy results Mass in R ail serology R Him
Address Rt3. Combuland Mel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 7 3. Cumbelland 711 17. Sumal Date (Burial, cremation, or remayel, Which?) (Burial, cremation, or remayel, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate fhereof	Accident, suicide, or homicide.
© Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)
Location Cumbuland No	talured at home, farm, industry, public place (where?)
	Means of Injury Fell on elle Injured at work?
18. Funeral director	
Address mull and ma	Hallang Pun mg
I lug I et Minte, R. Frants	23. SIGNATURE M. D. or other
(Date red d by registrar)	rar Address Chul Date signed Jul 3/

RECEIVED
AUG 3 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTITICAT	Reg. Dist. No.	
1. PLACE OF DEATH MEANING	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. (If outside city or town limits, write to URAL and give nearest town) How long in above place of death?	City or town (17 outside city or town limits, write RURAL and good parest town)	nin
Hospital, Institution, or street address where death occurred:	Street No(If rurs), give JOCATION)	/
How long in hospital or institution?	2.(a) If veteran, name war	*********
3. (a) FULL NAME	3. (b) Social Security Number	
1. Sex 5. Color or race 6.(a) Single, married wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH July 28 1945 at /2/2	31.A.m
6.(b) Name of husband or wife Sla Start At As Start Ato Ato As Years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	9
7. Birth date of deceased (mo., day, yr.) October 9, 1867	and that I last saw h	ATION
8. AGE: Years Months Days It less than one day 7 7 8 19hrsmin.	Cerebral hemoerhage	
9. Birthplace	Due to a Crterio Scleros ; 5	,
10. Usual occupation & War all the war and a consistency of business for an artificial control of the control o	Due to	0 ** 2 0 0 ** 0 2 0 * * * 0
12. Name Thomas Janes 13. Birthplace England	Other conditions	
14. Maiden name Undhanoun 15. Birthplace Unknown	(Include pregnuncy within 3 months of death) Major findings of operations.	
16. Interment Raymond James	Antepsy results	
Address Falmore 17 Burial Date thereof Suly 31, 1945.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlin, cremation, or removal. Which?) Date thereof. (month) (day (year) Cemetery or crematory. (all cashettery.	Accident, suicide, or homicide	
Location Location Location Location Location	Injured at home, farm, Industry, public place (where?)	
Address Amacoung md	RR	
Delies Della Della Tella	23. SIGNATURE M. D. or other m.	1D/

Registrar

VS A15

(Date refd by registror)



2411 N. Charles St., Baltimore (40)

HIGHAL DESIDENCE (LIONAE) OF DECEASED.

CERTIFICATE OF DEATH

Reg. Dist. No.....

5 1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Colty or town.	and aller
The state of the s	5- / / / /
How long in above place of death?	(if outside city or town limits, wate RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
The state of the s	(If rural, give LOCATION)
Hospital, Institution, or street address where death occurred: How Jong in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Margrel & thel	3. (b) Social Security Number
	Kasaleving none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T W married	20, DATE OF DEATH July 19 18 45 at 5 7 A
	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
B.(b) Name of husband or wife	July 19 18 45, 10 18 9 19 18 4
7. Birth data of	and that I last saw h. Shalive on Many 19 9 19 4
deceased (mo., day, yr.) deges 14, 1918	Immediate cance of death OURATION
8. AGE: Years Months Days It less than one day	Pulmonary gentolism 10 min
7. Birth date of deceased (mo., day, yr.) Are get 1 4 1918 8. AGE: Years Months Days It less than one day 26 11 5	
a my same - alles - md.	Due to Intested about on 3 days
9. Birthplace(Town, county, and state)	
9. Birthplace	Due to.
11. Industry or business	
a = 12. Name Mulsel hyuch	Other conditions
. F	
d # 50 - 10 1 - 11	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations
E 15. Birthplace M. Sary ma	placemental + today Date of op. 1719
S Cm what I would	Autopsy results.
of Smy / Sangerma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address Date thereof	22. VIOLENCE: If death was due to external causes, till in the following;
Address 17. (Burial, cremation, or removal, Which?) 18. (Month) (day) (year)	Accident, sulcide, or homicide
Cemetery or exemplary	Where did Injury occur?
Seministry of Education and Agreement and Ag	Injured at home, farm, industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director	1.000
Address Swellbarg md	Hilla Justalky Mh
Address Sarettary ma	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Fro XVVVV Date signed 1/2/18
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WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06630 4

1. PLACE OF DEATH: County # Heegny	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Street No. 217 Carroll St.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war
3.(a) FULL NAME Bedg C. Lilya	3. (b) Social Security Number
4. Sex 5. Color or race 6.7(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
6.(b) Name of husband or wife Frank He Lily a 7. Birth date of 6.(c) It alive, give age ye	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) Dec. 29. 1866 8. AGE: Years Months Days It less than one day	Immediate cause of death
5. Birthplace Sweden (Town, county, and state)	Due to.
1D. Usual occupation. Housewife.	Due to Unerceia
13. Birthplace Sweden	Diher conditions
14. Malden name. Phona Wilson 15. Birthplace Sweden	Major findings of operations
18. Informant Miss Ellen Lilya Address 2/7 Carrell St. Comberland, Md. 17. Burial Date thereot July 15 194	
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Commeters or crematory Rose Hill Cem. Location Comberland, md.	(Old of down) (Oddie) (Date)
18. Funeral director Louis Stein One. Address Comberland, Md	Means of Injury Injured Work?
19. July 15, 19 45 Winter & Frants, M	23. SIGNATURE ALL MICHAELO MANDO OF OTHER MANDERS AND STREET Address of Grant 1-14-45

MARTIANS STATE BELANDERS OF SEALTS
CENTIFICATE OF DEATH



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-ch

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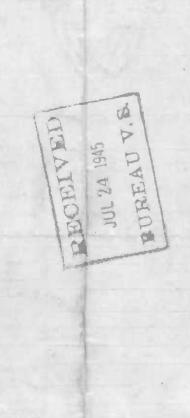
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CERTIFICA	AIE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	
City or fown. Clumber land (If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? 10. Minutes	City or town
Hospital, tastitution, or street address where death occurred: Memorial Hospital	Street No
How long in hospital or institution? 10 a Minutes	
the state of the s	2.(d) If veteran, name war
3.(a) FULL NAME John Manning	3. (b) Social Security Number 236-01-9212
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION about
Male White Married	20. DATE OF DEATH July 13th., 19 45 at 11:15
6.(b) Name of husband or wife Hissouria Lanning	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
5. (c) If allive, give age	ars 19 10
7. Birth date of deceased (mo., day, yr.) January 30 1891	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION COPONERY Occlusion
54 5 13hrs	la Coronary Occiusion
9. Birthplace Kifer, Morgan Co, West Virginia (Town, county, and state)	Due to
10. Usual occupation Labor	
11. Industry or business Western Laryland Railroad	Due 10
	Dther conditions
James P. Manning 12. Mame James P. Manning 13. Birthplace Sleepy Creek, Md	
	(Include pregnaucy within 3 months of death)
	Major findings of operations
18. Informant James H. Lanning	Autopsy results. NO sutopsy
Address 329. Williams St. Cumberland, Ld.	PHYSICIAN: Ptease nuderline the cause to which death should be charged statistically.
17 Burial Date thereof 7/16/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory Horn Cemetery	Where did injury occur?
Location Ragnolia, V. Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director William H. Kight	Means of Injury Injured at work?
Address Cumberland, Md.	
0 1	23. SIGNATURE MANAGE M. D. or other
19. July 16, 19 45 Winter R. Trant M. Besister	Cumberland, Maryland 7-13-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and l



12.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/4)

M. D. or other.

CERTIFICATE OF DEATH Reg. Dist. No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County allera (For newborn infants give residence of mother) How long in above place of death? 26 Vears (If outside city or town limits, wate RURAL and give nearest town Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number Marie Marks. 5. Color or race MEDICAL CERTIFICA 20. DATE OF DEATH July 21 1945 at 1:30 P. N 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of deceased (mo., day, yr.) 8. AGE: Days If less than one day Due to. 11. Industry or business (Include pregnancy within 3 months of death) 14. Malden nar Major findings of operations PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (month) (day) (year) Date thereof. Accident, eulcide, or homicide... Where dld injury occur? (City or town) Injured at home, farm, Industry, public place (where?) injured at work? Means of injury 18. Funeral director. Address

PLEASE

(Date rec'd by registrar)

BINDING

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RECEIVED

AUG 3 1945

BURFATTE

WITHIN CORPORATE-LIMITS son MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 131-0 CERTIFICATE OF DEATH Reg. Dist. No.... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Allegany (For newborn infants give residence of mother) Cumberland, Mary land
(If outside city or town limits, write RURAL and give nearest town) State Maryland Cumberland information carefully of death clearly and (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: Route #3, Valley Road
(If rural, give LOCATION) Memorial Hospital 8 days How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number Mrs. Dollie McCov None 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i FOR BINDING Female White Married 20. DATE OF DEATH July 17, 19. 45 at 5:00 P M John I. McCov 21_I CERTIFY that death occurred on the date above stated; the ettended deceased from 7 Birth dale of December 19 1875 deceased (mo., day, yr.) Immediate cause of death. If less than one day 8. AGE: Days Years ARGIN RESERVED 69 West Virginia (Town, county, and state) Housewife 10. Usual occupation... 11. Industry or business Joshua Toothman important. F 3. Birthplace W. Va. (Include pregnancy within 3 months of death) Elizabeth Kuhn Major findings of operations Ventral 14. Malden name... 15. Birthplace zW. Va. LAINLY, especially 16 Informant Memorial Hospital PHYSICIAN: Please underline the cause to which death should be charged statistically. Cumberland, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following: 17. Burial (Burial Cremation, or removal. Which?) Date thereof July 20, 1945.... Accident, suicide, or homicide..... Where did injury occur? Cemetery or crematory Fairwiew Cem. (City or town) Fairview, W. Va. Injured at home, farm, Industry, public place (where?) Means of Injury

A15

18. Funeral director Address Date ree'd by registrar)

Cumberland, Md.

Charles L. George

23. SIGNATURE

RECEIVED JUL 24 1945 BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Outside City 4 in	MARYLAND STATE DI	EPARTMENT OF HEALTH os St., Baltimore (25)	
Correct .	CERTIFICAT	TE OF DEATH Reg. Dist. No	.eg.000000000
information carefully. The corror of death clearly and legibly.	1. PLACE OF DEATH: County CIN County (If outside city or town limits, write KURAL and give nearest town) How long in above place of death? Rospital, institution, or street address where death occurred: The first of the first of the first occurred of the first occurred of the first occurred occ	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	/n)
formati	3.(a) FULL NAME Sarah Bernadette "Kelly	3. (b) Social Security Number	r
BINDING ry item of in the causes of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DATE DF DEATH	
FOR Ily eve	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It tess than one day 65 4 24	and that I last saw h	URATION
ARGIN RESERVED PADING INK. Supp Physicians: please	9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business Own house	Due to.	
WITH UNFA	12. Name Francis IJely 13. Birthplace Ireland 14. Maiden name Sarah Fern 15. Birthplace Ireland	Other conditions	
LAINLY, vespecially	18. Informant Tiffer East W. County Address P. J. County Seast W. County 17. Burial Date thereof Toly 28, 1945 (Burial, cremation, or removal, Wbieb?) Date thereof Toly 28, 1945	Antopsy results. PHYSICIAN: Please anderline the cause to which death abould be charged statistical 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide.	lly.
WRITE	Cemetery or crematory T. Pattill 5 5 Caree tery Location T. Day of C. T. L. S. S. Caree tery 18. Funeral director At My J. At J.	Where did injury occur?	
VS A15	Address Cumpfiland, Md. 19 Melly 77, 1945 Winter & Oranty MD. 10 Date rec's by registrar) Registrar	23. SIGNATURE. Address. Address. Date signed.	1 VZ-43

RECEIVED

AUG 3 1945

BUREAU V. 8.

THIN CORPORATE LIMITS MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 1247 CERTIFICATE OF DEATH Reg. Dist. No .. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) The ccgibly. County ALLEGANY County ATTECANY CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hosoffet, Institution, or street address where death eccurred MARYLAND AVE. (If rural, give LOCATION) information of death clea How long in hospital or institution?..... 2.(a) If veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number WILLIAM W. MORRIS 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION FOR BINDING Male 20. DATE OF DEATH JULY 16. 1945 at 9:30 PM White Married JULIA RYAN MORRIS 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife... 7. Birth date of deceased (mo., day, yr.) 1876 Immediate cause of death.. Days If less than one day 8. AGE: Years MARGIN RESERVED rehonse 10. Usual occupation. City of Cumberland 11. Industry or business 13. Birthplace ENGLAND important. (Include pregnancy within 3 months of death) 14. Maiden nat LOUISE PHILLIPS 14. Maiden name... Major findings of operations. Com ENGLAND LAINLY, especially Julia R. Morris Autopsy results .. 16. Informant..... PHYStCIAN: Please underline the cause to which death should be charged statistically Cumberkand, Md. Address 22. VIOLENCE: It death was due to external causes, fill in the following: (Burial, cremation, or removal, Which?) Date thereot PL s e Accident, suicide, or homicide..... Cemetery or crematory Hillcrest Bur Park Where did injury occur? (City or town) Cumberland, Md. Injured at home, tarm, industry, public place (where?) Means of Injury Louis Stein Inc. Cumberland, Md. Address NS (Pate rec'd hyregistrar)

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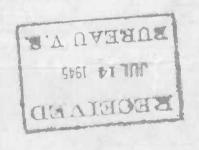
BUREAU V. B.

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2411 N. Charles St., Baltimore 31-9



CERTIFICAT	E OF DEATH
1. PLACE OF DEATH: County City or town (if butside etty or town limits, write RUSAL and give nearest town) How long in above place of death? Hospital, institution or greet address where greath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Portnewbore locants give residence of mother) State County City or town
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME alvin Cecil Heat Si	3. (b) Social Security Number 166-09-4194
1. Sex 5. Color or race 6.(a) Single, married, widowed, or differed Male Others Starried	MEDICAL CERTIFICATION 20. DATE OF DEATH July 12 19.45 at 1.21.55 A. A.
6.(b) Name of Ausband or wife LSSU Stell S	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19
8. AGE: Years Months Days It less than one day 53 2 22hrsmin.	Immediate cause of death
9. Birthplace and account acco	Due to. Orsease Rue!
11. Industry or business By July Caral fax. of Armaeous 12. Name Staffer Staffer Shall Britishing	Dither conditions
HI 14. Malden name Sava June Parchard 15. Birthplace Allegany - Pear Frostburg, Mo	(Include pregnancy within 8 months of death) Major findings of operations
16. Intermant Mrs Sara Schlesth	Autopsy results
(Burial, cremation, or removal Which?) Date thereof July 13, 1943 (month) (day) (yeor) Cemetery or crematory All Almy Classification	22. VtOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Typital Jan	(City or town) (Coonty) (State) Injured at home, tarm, industry, public place (where?) Means of injury Injured at work?
Address Amaconing Ash	23 SIGNATURE Hilde Seusbrakkey U.D.
19. My 13 1945 Dr. Alexandra Registrar	Address FASTOCIAE M. D. or other M.



CORPORATE LIMITS MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 76 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County alles (For newborn infants give residence of mother) How long in above place of death?.. Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution 3, (a) FULL NAME 3. (b) Social Security Number 214-05-4809 5. Color or race MEDICAL CERTIFICATION FOR BINDING July 30th 20. OATE OF CEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day 8. AGE: MARGIN RESERVED Shock: hrs min Pelvis 11. Industry or business 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden name. Major findings of operations 15. Birthplace no autopsy WRITE PLAINLY is especiall PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following Date thereof Hug (Month) (day) (year) (State) (County) Injured at home, farm, Industry, public place (where?) ... movin fijured at work? 18. Funeral director cars. Address ·tumberland, Maryland (Date rec'd by registrar)

AUG 3 1945
BUREAU V.8

HIN CORPORATE LIMIT MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED ewborn Infants How long in above place of death?... Nospital, Institution, or street address, where death o (If aral, give LOCATION) Now long in hospital or institution?.. 2.(a) If veteran, name war.... 3, (a) FULL NAME 3. (b) Social Security Number 5. Color or race MEDICAL CERTIFICATION BINDING 20. DATE DF DEATH 21. I CERTIFY that death occurred of the date above stated, that I attended deceased from 6.(b) Name of husband or wife..... 7. Birth date of deceased (mo., day, yr.) 8. AGE: IARGIN RESERVED 9. Birthplace..... 1D. Usual occupation.... 11. Industry or business 12. Name..... (Include pregnancy within 3 months of death) 14. Maiden nam Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide...... Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?) Maons of injury (Date rec'd by registrar) Registrar

RECEIVED JUL 24 1945 BUREAU V.R.

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CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CORPORATE LI	MITÍ	2411 N. Ch	DEPARTMENT OF HEALTH Harles St., Baltimore (200) ATE OF DEATH	(16640)
City or town(If of the city of the ci	Cumbe Cumbe Outside city or town lin of death?	eath occurred: Hospital	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of Maryland Country and City or town Cumberland (1f outside city or town limits Street No. 404. Goethe S (1f rural, give 2.(a) If veteran, name war.	mother) Allegany s, write RURAL and give nearest town) t LOCATION)
How long in hospital or 3. (a) FULL NAM		am O'Mara [6.(a)Single, married, widowed, or divorced		3. (b) Social Security Number None
Nale 6.(b) Name of husband	White	Widowed	MEDICAL CI	ERTIFICATION S \ 19 \frac{\fin}}}}{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fra
	######################################	aret 0 Mar a 		40 10 July 3/ 19 9
8. AGE: Years	Months 2	Days tf less than one day	Immediate cause of death	lwk
10. Usual occupation 11. Industry or business 12. Name	Patrick C Irelan Bridge Un John C Penthley A rial or removal Which?	esman Nursery 'Mara d t LcKenna known 'Mara ve, Akron, Ohio Date thereof 8/2/45 (month) (day) (year) ricks Cemetery	Due to	nonths of death) Date of op. Lich death should be charged statistically. ses, fill in the following; Date of
18. Funeral director	Willia	m H. Kight and, Md. Wester R. Franks, M	Injured at home, farm, industry, public place (whe means of injury 23. SIGNATURE Address Signature Signat	Injured at work? Cuch at Ma M. D. or other Date signed.

RECEIVED

AUG 3 1945

BUREAU V.S.

2411 N. Charles St., Baltimore

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ERT	CERT.	CAT	TE A	JE.	DEA	TI
		CA.		78	IJE.A	

		CLIC	III ICAI	E CI BEATH	Reg. Dist. No.
1. PLACE OF DEATH	Δ	llegany		2. USUAL RESIDENCE (HOME	E) OF DECEASED:
County	Chamban 7	~ ~ J	······································		
City or town(If ontsid	Cumber 1	mits, write RIJRAL and give nea	rest town)		County Allegany
iow long in above place of de	ath?	3 8. Years	*************************	City or town	Imits, write RURAL and give nearest town)
lospital, institution, or stree	t address where	death occurred:			
AJ	Llegany	HOSPITAL	******************	(If rural,	, give LOCATION)
How long in hospital or instit	tution?	1 Day	***************************************	2.(a) If veleran, name war	
3. (a) FULL NAME					3. (b) Social Security Number
	Gertr	ude Page			None
4. Sex 5. C	color or race	6.(a)Single, married, widowed, or	divorced	MERICAL	CERTIFICATION
Female 1	Negro	Married		20 2177 27 2777	Des 10 45 17
		Do mo		20. DATE OF DEATH.	To above stated, that faltended deceased from
		e Page		21. I CERTIFY that death occurred on the dat	The state of the s
7. Birth date of	7		years	and that I fast saw h	D. O. O. K.
deceased (mo., day, yr.)	xanua	my 10, 188	6	Immediate cause of death	DURATION ,
8. AGE: Years	Months	Days tt less than one da	ıy	Soduen Penlat	teal Vocarbus 40 411
59	6	Ohrs.	min.	v .	
9. Stribulace Hamil	ton, Lou	aden Co, Virgini	a	Due to	Y
1D. Usual occupation			***************************************	Bue to	
11. Industry or business	Own	n House			
12. Name	Fent	on Simms		Diher conditions	affendente I was
13. Birthplace	Virg	inia			
14. Maiden name	Anni	e Davis		(Include pregnancy with	in 8 months of death)
H 14. Maiden name	Virgi		•••••••	Major findings of operations	un appendicula
- tot ottinpinos					Daty of op.
		age		Autopsy results	te which death shenld be charged statistically.
Address 444. P	ine Ave	Cumberland, Md	•	22. VIOLENCE: If death was due to externa	
Buri (Burial, eremation, or re	al	Date thereof 7/13 (month) (de	/45	Accident, Suicide, or homicide	
				(City or to	own) (Connty) (State)
Location	Cumb	erland, Ld.	••••••	Injured at home, farm, ladustry, public place	ce (where?)
18. Funeral director	William	H. Kicht		Means of Injury	Injured at work?
		0		1)50	0 1.11
0 / 10		11-+ 07	+ Smi	23. SIGNATURE	the RMA
19 July 13	1945	Wyller K. Trai	Mz. 1/2	0/0/10	A 111 1 M. U. or other
Cemetery or crematory Location	Ros Cumbo William Cumberla	se Hill Cemetery erland, ^L d. n.H. Kight		Injured at home, tarm, ladustry, public place Means of injury	

VS A15

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

BINDING

MARGIN RESERVED FOR

BIASS COUNTY OF SELECT

SECIETATES DAS SUREAU V. S.

Reg. Dist. No. ...

3. (b) Social Security Number

	CERTIFICATE OF DEATH					
		-	DUILLIA			
11.	11 -	****				

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
How long in hospital or institution?	2.(a) It veteran, name war

3. (a) FULL NAME

Male

William Ronald Payne

5. Color or race 6.(a) Single, married, widowed, or divorced White Single

6.(b) Name of husband or wife.....

April 14 1928 deceased (mo., day, yr.) If less than one day 8. AGE:

9. Birthplace Cumberland, Allegany Co, Maryland (Town, county, and state) School 10. Usual occupation.....

11. Industry or business 12. Name...... 13. Birthplace Harry R. Payne

Ridgeley. W. Va.

14. Malden nam 15. Birthplace 14. Malden name Rosemary Twigs Cumberland. I.d.

16 Informant Mrs. Theodore Williams Address 316. Independence St. Cumberland. Md

Date thereof 7/4/45 (month) (day) (year) Hill Crest Cemetery Cumberland, Md.

18. Funeral director William H. Kight

Cumberland, Id.

MEDICAL CERTIFICATION about

20. DATE OF DEATH July 1st. 19 45 at 10 P. N

21. I CERTIFY that death occurred on the date above stated; that tattended deceased from

Immediate cause of death.....

Accidental Drowning

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results no autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, eulcide, or homicide. accident

Where did injury occur? Cumberland, Allegany, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .Swimming Pool Meane of Injury drowning Injured at work? 110

Cumberland, Maryland

PLEASE

MARGIN RESERVED



2411 N. Charle	EPARTMENT OF HEALTH OS St., Baltimore FE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County. City or fown. (If outside city or town limits, write RUBAL and rive nearest town) How long in above place of leath Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color of race 6. (a) Single, married, wildowed, or divorced 6. (b) Name of husband or wife 6. (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day (Towns county, and space) 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Malden name 14. Malden name 15. Color of race 6. (a) Single, married, wildowed, or divorced 14. Malden name 5. Color of race 6. (a) Single, married, wildowed, or divorced 6. (a) Single, married, wildowed, or divorced 15. Color of race 6. (a) Single, married, wildowed, or divorced 16. (b) Name of husband or wife 6. (a) Single, married, wildowed, or divorced 16. (b) Name of husband or wife 6. (c) If alive, give age 9. 3. years 16. less than one day 17. Industry or business 18. AGE: 19. AGE: 19. AGE: 19. AGE: 10. AGE: 10. AGE: 11. Age of the state	MEDICAL CERTIFICATION 20. DATE DF DEATH
14. Malden name Sussanda Orada 15. Birthplace Oras Atvan Gad 16. Informant Sussanda Orada Address First Union Gad (Burial, cremation, or removal, Which?) Cemetery or crematory Sussanda Gaday (year) Location Sussanda Gaday Gaday 18. Funeral director Gaday Gaday Address Gaday Gaday Gaday (Date ree'd by registrar) 19.75 Nuc. May104 Acceptance Registrar Registrar	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. of other Address. Date signed

MARGIN RESERVED FOR BINDING

A15 AS PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



WRITE PLAINLY, is especially

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

CERTIFICATE OF DEATH



1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECE (For newborn infants give residence of mother)	ASED:			
County HILEGANS						
City or town The Late of Classical City or town limits, write RURAL and give nearest town)		State County County County City or town Taxol - 34 mis West	tot bidrown,			
			***************************************	(If outside city or town limits, write l	RURAL and give nearest town)	
Hospital, Institution, or	street address where	death occurred	6 - 11/	Street No.		
Willettelle -	364 111, 11	27 07	- 0187024	(If rural, give LOCAT)		
How long in hospital or	Institution?		***************************************	2.(a) If veteran, name war.		
3. (a) FULL NAME				3.0) Social Security Number	
	171		William Deden		-772-	
4. Sex	5. Cojor or race	1 6.(a)Single	William Rader	ACCOUNT CEDMIN	1 10 ne	
	1.1		ingle	MEDICAL CERTIF	FICATION about	
M	14/	1 3	19.6	20. DATE OF DEATH July 2nd	19 1,5 at 7 P M	
6.(b) Name of husband	na milea			21. I CERTIFY that death occurred on the date above stated:		
6.(0) Name of nuspand	or wite			19		
7. Birth date of			e) If allve, give ageyears	and that I last saw halive on		
deceased (mo., day, y	Decem	ber 1	2, 1933	Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	Shock: Hemorrhage		
11	6	20	hrs min.	,		
0/	11 //	110	Can't hal	D 7 3 -4 79		
9. Birthplace	Town,	connty, and s	tate) Md.	Due to Body severed at di	Laphragmn	
1D. Usual occupation						
		Due to	••••••			
11. Industry or business	7	2 /				
E	lbert To			Other conditions		
	endleton	Con 1	V.Va.	(Include pregnancy within 3 months of		
14. Maiden name	Goldie 7	obert	4507			
10	Morrian	,		Major findings of operations	•••••••••••••••••••••••••••••••••••••••	
≥ 15. Birthpiace	Morrison	2				
16. informant a.t.	do at I	adel		Autopsy results no autopsy		
Address Of	llowy.	YU.	any fand	PHYSICIAN: Please nuderline the cause to which death	should be charged statistically.	
_	1		111 1 1 1017	22. VIOLENCE: If death was due to external causes, till in		
(Burial, cremation,	or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide a.c.c.ident	Date of 7-2-45	
	Greenri		disetery	Where did injury occurre ar Oldtwon, (City or town)	Allegany, Md. (County) (State)	
Location Mear Oldtown		Injured at home, farm, industry, public place (where?)				
11111		Means of Injury struck by engine	Dinjured af work? no			
Address (umberla	dd, o	md.	23. SIGNATURE CALLED H. 9	2 M 1 671. 74. D.	
19 July 4,	19.45	m	usla. Showhou	. Cumberland. Marv	land M.D. prother 45	
Date reo'd hy reg	istrar)		Registrar	Address	Date signed	



06645

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (It outside city or town limits, write RURAL and give nearest town) Street No. Alf rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Katherine Proce Slone	20/
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female Office married	MEDICAL CERTIFICATION 2D. DATE OF DEATH 1945, a 3/0/2 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife. 8.(c) If alive, give age. 7. Birth date of deceased (mo., day, yr.) 8. A.G.F.: Years Months Days It less than one day	1944 19 to File 18 1940
8. AGE: Years Months Days tt less than one day 1. Months Days than one day 1. Months Da	Coue to Long
10. Usual occupation Analytic Transcription of the state	Due to
12. Name Land Charles Cruits MS 13. Birthplace Fram Charles Cruits MS 14. Malden name Land Stanson Beall 15. Birthplace Fram Charles County, Md	Other conditions
16. Interment Mus I glewart Address Tannahavlis And	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which) Cemetery or crematory Cemetery or crematory Date thereof. (month) (day) (year)	22: VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Flows they affector of the state of	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?
19. 7 - 19 19.45 NW. Naucy & Registrar (Date rec'd by registrar)	23. SIGNATURE Address Frostowy md Date signed way 1914

VS A15

PLEASE WRITE PLAINLY

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correct age



A STORY TO THE STATE OF THE STATE OF

2411 N. Charles St., Baltimore 93-2

Ensuland.

06646

CERTIFICA	AIL OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State County alloquery
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street addies where ideath occurred:	- To low many Man
735 Baltimore Que	Street No
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Coral fane Sturts	Day o
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W Widowed	20. DATE DE DEATH. July 8 1945 314:30
6.(6) Name of husband or wife. Clearlas H. Sturt	21. I CERTIFY that death occurred on the date above stated; that pattended deceased from
	(luly 17 1041 10 (freely)
7. Birth date of	and that I last sawher alive on Quely 8
deceased (mo., day, yr.) Marely 12, 1871	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	01. 7. 14
74 3 26hrsml	
9. Birthplace Slouces Fa	Due to
(Town, county, and state)	
10. Usual occupation	Due to.
11. Industry or business	
12. Name Marty Marty 13. Birthplace	Dither condition lever il arteriorelironi
13. Birtholace	Unior condition
E The I Fried	(Include pregnancy within 8 months of death)
14. Malden name Than Fair 15. Birthplace	Major findings of operations.
E 15. Birthplace	Date of op.
16. Intermant Miss Nellee: Caleller	Autopsy results.
Address Parallered md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Die Comment	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlai, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Bouchease Cessel	Where did injury occur?
Comocify of ordinatory	
Location According to the Location August 1985	Injured at home, farm, industry, public place (where?)
18. Funeral director	Meens of Injury Injured at work?
Address Course Care and	55/ Jump. lan
Quel 11 45 Whate R-Fact m	23, SIGNATURE M. D. or other
19. A Local State (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address Surfuland, My Bate signed 7-9-6)

icegistrar Address

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

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JULIT 1945
BUREAU V.C.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-94

CERTIFICAT	E OF DEATH Reg. Dist. No	*******
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Allegany Cumberland	(For newborn infants give residence of mother) State Maryland County Ollegany	
City or town. (If outside city or town limits, write RURAL and give nearest town)	Voulty	*****
How long in above place of death?	City or town Ellerslie (If outside city or town limits, write RURAL and give nearest town	1)
Allegany Hospital	Street No. (If rural, give LOCATION)	
How long in hospital or institution? 41 days	2.(a) If veteran, name war	**********
3. (a) FULL NAME	3. (b) Social Security Number	
Ray LeRoy Troutman	None/	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male white Lengle	2D. DATE OF DEATH. 7/14 19. 45 21.5:	05P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	my 25- 19.45-10 July 14	19.4.5
7. Birth date of deceased (mo., day, yr.) May 25, 1945	and that I last saw had alive on	1941
8. AGE: Years Months Days If less than one day	Immediate cause of death	RATION
1 19hrs,min.	2 de la companya del companya de la companya del companya de la co	-uc,
Mongriond		************
9. Dirthplace	Pylone Span (a	mh
1D. Usual occupation	Due to	
11. Industry or business		
12. Name Carl E. Troutman 13. Birthpiace Tundman	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Elste M. Hosselrode 15. Birthplace Penrs ylvania	Major findings of operations	
15. Birthplace Penns ylvania	Date of op.	
16. Interment Mrs. Carl & Troutmars	Autopsy results	.,
Address Ellerslie md	PHYSICIAN: Please underline the cause to which death should be charged statistical	7.
17 Acrial Date thereof July 18 1940	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Whigh?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	*********
Cemetery or crematury	Where did injury occur?	
Location Stephanan Cural	Injured at home, tarm, Industry, public place (where?)	*****
18. Funeral director, Hawey W. Legle	Means of Injury Injured at work?	
Addrase Hyndman (La.	Hallahan harr	
a below (18 " 45 Winter & Manto M.)	23. SIGNATURE M. D. or other	12
(Date rec'd by registrar)	Address	1



Date signed

PORATE LIMITS		DEPARTMENT OF HEALTH arles St., Baltimore	06648
	CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: Coucty	gano ,	Street No. 915 San (16 rural	County Co
3. (a) FULL NAME		2.(a) If veteran, name war	3. (b) Social Security Number
4. Sex 5. Color or race 6.0	a) Single, married, widowed, or divorced	6	CERTIFICATION
6.(b) Name of husband or wife	S. (c) It alive, give age yes		ale above stated; that I altended deceased from
8011	ays It less than one day Ihrsmi		lurean SU
10. Usual occupation	diameter (Ry)	Due to.	
12. Name	Ind.	Gther conditions A Last	let ' 104
14. Malden game	distan	(include pregnancy with	
16. Informant Malland N	Ding	Autopsy results	
Address 17. Bushal Bar (Burial, cremation, or repoyal, Which?)	ite thereot. (mosti) (day) (year)	22. VIOLENCE: It death was due to extern Accident, suicide, or homicide	al causes, fill in the tollowing:
Cemetery or crematory	ll Cern	Where did injury occur?(City or to	own) (County) (State)
18. Funeral director	wan Dan	Injured at home, farm, Industry, public plan Means of Injury	Injured at work?
Address / mh	reland	_ 23. SIGNATURE MOSE	Wwens my

19. (Date reg'd by fegistrar)

RECEIVED
AUG 3 1945
RUREAU V F



CEDTIFICATE OF DEATH

	1. PLACE OF DEATH: County Allegany		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Clty or town (If outside city or town limits, write RURAL and give nearest town)		State Maryland c	ounty Allegany		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		City or town	its, write RURAL and give nearest tow		
Nospital, Institution, or street address where death occurred: 111 West Elder Street How long in hospital or institution?		Street No. 111 West Elder Street (If rural, give LOCATION) 2.(a) If veleran, name war.			
				3. (a) FULL NAM	IE
		beth Va			None
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL C	CERTIFICATION
Female	White	-	idow	20. DATE OF DEATH July	1 19.45 at 7
	or wifeJo			21. I CERTIFY that death occurred on the date a	bove stated: that I attended deceased from
7 Rich date of		6.(c)	It alive, give ageyea	rs and that I last saw h Alive on 19	1940 July 1
deceased (mo., day,	yr.) Septe	mber 4	1881	Immediate cause of death	D
8. AGE: Yea	Months	Days 27	It less than one day	weiletes M	eletus 15
			Co llawrland		
			Co, laryland	Due 1	7.0
10. Usual occupation	Ho	use Wif	e	Due to	
11. Industry or busine		House		-	
Thomas Russell			A	Other conditions	••••••
E 12. Name	Scotl			(Include pregnancy within 3	months of death)
13. Birthplace		MI L Durn			
		***************************************	***************************************	Major findings of operations	
14. Malden name	England			_	Date of op
14. Malden name 15. Birthplace	England Thomas R	ussell		_	Date of op
14. Malden name 15. Birthplace 16. tntermant	England Thomas R Seymoure S	ussell t, Cumb	erland, Md.	Autopsy results	vhich death should be charged statistical
14. Malden name 15. Birthplace 16. informant Address 440 17. Bur- (Burial, crematio	England Thomas R Seymoure S al	ussell t, Cumb	erland, Md. 7/3/45 (month) (day) (year)	Autopsy results	which death should be charged statistical
14. Malden name 15. Birthplace 16. informant Address 440 17. Bur- (Burial, crematio	England Thomas R Seymoure S	ussell t, Cumb	erland, Md. 7/3/45 (month) (day) (year)	Autopsy results	which death should be charged statistical suses, fill in the following; Date ot
14. Malden name 15. Birthplace 16. informant Address 440 17. Bur- (Burial, crematio	England Thomas R Seymoure S al n, or removal. Which?) Ory	ussell t, Cumb	erland, Md. 7/3/45 (month) (day) (year) Cemetery	Autopsy results	which death should be charged statistical suses, fill in the following; Date of
14. Malden name 15. Birthplace 16. tnformant Address 440 17. Bur (Burial, cremation Cemetery or cremation Location	England Thomas R Seymoure S al n, or removal. Which?) Ory	ussell t. Cumb Date thereof se Hill rland,	erland, Md. 7/3/45 (month) (day) (year) Cemetery	Autopsy results	which death should be charged statistical suses, fill in the following; Date of

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Registrar

2411 N. Charles St., Baltimore

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wi	br		
- 20	₩.		
0	10	27	

RAL and give nearest town)

Social Security Number

M E	CERTIFICATE OF DEATH				
S S	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
carefully. The co	County Cify or town	State			
(1)	How long in hospital or institution?	2.(a) If veteran, name war.			
information of death cle	3. (a) FULL NAME	3. (b) Social Secu			
	4. Sex 5. Color or race 6.(a) Single, married wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH			
	6.(b) Name of husband or wife Clara Bolertsine	21.1 CERTIFY that death occurred on the gate above stated; that I attended			
OR even	7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on			
2 >	8. AGE: Years Months Days If less than one day 7 9 7 19hrsmin.	Immediate cause of death			
RESERVED INK. Supplians: please	9. Birthplace Dans Asmathum Lean Midlame (Town-county, and state)	Due fo			
IN RI ING I	10. Usual occupation Col Al Alassassag 11. Industry or business 6 ps solidation 6 val 60	Due fo			

fhat I attended deceased from DURATION (Include pregnancy within 8 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should he charged statistically, 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?) Means of Injury

WITH UNF! PLAINLY, V is especially

14. Malden na 15. Birthplace

(Burial, cremation, or removal). Which?

Cemetery or crematory

18. Funeral director Address



ARGIN RESERVED FOR BINDING

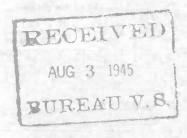
PLEASE WRITE PLAINLY

Address

MARYLAND STATE DEPARTMENT OF HEALTH

06651

2411 N. Cha	arles St., Baltimore (460)
CERTIFICA	ATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number 2/7-10-1952
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Proble White Producted	MEDICAL CERTIFICATION 20, DATE OF DEATH Suls 3/ 19 45 at 2 4
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated: that I attended deceased from 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace (Town, county, and state) 10. Usual occupation (Manual Manual Ma	Due 10.
11. Industry or business 12. Name	Ulher conditions (Include pregnancy within 3 months of death)
14. Maiden name. Clay Atth Agrica 15. Birthplace 16. Informator Miss Blumor Wish	Major findings of operations Actors results.
Address 17. Brial Dale thereof (May) (year) Cemetery or crematory. Address Dale thereof (May) (year)	PHYSICIAN: Please onderline the caose to which death shootd be charged statistically. 22. ViOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Arms Sturing One	Injured at home, farm, industry, public place (where?) Means of injury Injured al work?



2411 N. Charles St., Baltimore (222)

CERTIFICATE OF DEATH

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

(City or town) Injured at home, farm, Industry, public place (where?)

Accident, suicide, or homicide......

Reg. Diat. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County ALLEGANY (For newborn infants give residence of mother) State PENNSYLVANIA COURTY SOMERSET (If outside city or town limits, write RURAL and give nearest City or town SOMERSET How long In above place of death?..... Hospital, Institution, or street address where death occurred: 440 S. KIMBERLY ST. MEMORIAL HOSPITAL (If rural, give LOCATION) 2 DAYS information of death cle How long in hospital or institution?. 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number ELACS ZEARFOSS 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION causes MALE MARRIED 20, DATE OF DEATH JULY 17 1945 35:40 A M CORA ZEARFOSS 216 I CERTIFY that death occurred on the date above stated: that I allended deceased from 6.(b) Name of husband or wife 6.(c) If alive, give age ... 54 7. Birth date of SEPT. deceased (mo., day, yr.) DUBATION 8. AGE: Months Days If less than one day PENNSYLVANIA 9. Birthplace..... (Town, county, and state) UNABLE TO WORK 10. Usual occupation. 11. Industry or business 12. Name...... 13. Birthplace BENJAMIN ZEARFOSS PENNSYLVANIA (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace CATHERINE SAYLOR 14. Maiden name.... Major findings of operation

MARGIN PLAINLY

especial

BINDING

RESERVED

CUMBERLAND. MD. Address Date thereof (Burial, cremation, or removal, Which?)

Cemetery or crematory

Address

23. SIGNATUR

Means of Intury

M. D. or other

16. Informant

(Date rec'd by registrar)

PENNSYLVANIA MEMORIAL HOSPITAL

(month) (day) (year)

Registrar

Where did injury occur?

.. Date signed ..

RECEIVED JUL 24 1945 BUREAU V. B. 34

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2411 N. Charles St., Baltimore 940)



CERTIFICAT	TE OF DEATH Reg. Dint. No.	
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)	
City or town	stat Maryland county Allegany	
How long in above place of death?	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) 305 Va. Ave. (If rarel, give LOCATION)	
How tong in hospital or institution?	2.(a) If veteran, name war	
3.(a) FULL NAME John Ziler	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION about	
Male White Divorced	20. DATE OF DEATH. July 14th., 19 45 21 5:20 A	
6.(b) Name of husband or wife Mildred Forbek Ziler	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of Tana 13 1909	and that I last saw halive on	
7. Birth date of deceased (mo., day, yr.) June 13, 1898	Immediate cause of death	
8. AGE: Years Months Days If less than one day 47 1 1	Coronary Occlusion	
Doe Gully, W. Va.		
9. Sirthplace(Town, county, and state)	Due to	
10 Heurl occupation Car Inspector		
11. Industry or business B. & O. R.R. Co.	Due to	
F 12. Name. Peter Ziler	Other conditions	
Peter Ziler 12. Name Doe Gully W. Va.		
Halden name Bertie Youngblood	(Include pregnancy within 3 months of death)	
Bertie Youngblood 14. Malden name Bertie Youngblood 15. Birthfrace Great Capon, W. Va.	Major findings of operations.	
16. Intermant Mildred Ziler	Antopsy results. no autopsy	
Address 305 Va. Ave. Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Burial Date thereof July 18,1945 (Burial, cremation, or removal, Which?) St. Mary's Cemetery Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cumberland, Md.	tnjured at home, farm, industry, public place (where?)	
Location Charles L. George	Means of injury tnjured at work?	
	W.0	
Address Cumberland, Md. 19. July 17. 19 4.5 Winter & Tranky On a Construction of Construction	23. SIGNATURE M. D. or other	
(l'atè rec'd by/registrar) Registrar	Address Cumberland, Maryland Date signed 7-14-45	

VS A15

UNFADING INK. Supply every item of information carefully. ant. Physicians: please write the causes of death clearly and l

WITH UNF.

WRITE PLAINLY, is especially

PLEASE

MARGIN RESERVED FOR BINDING

